MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/048008

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1					
2		1				
3		1				
4		3				
5		(1)				
6		(1)				
7		(1)				
8		(1)				
9		(1)				
10		(1)				
11		(1)				
12	1					
13		1				
14		1				
15		3				
16		(1)				
17		(1)				
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19	1					
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TOTAL IND.	3					
TOTAL DEP.	27					
TOTAL CLAIMS	30					

	* IND.	DEP.	* IND.	DEP.	* IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)